REPAYMENT OF LUMP SUM ANNUAL LEAVE		DATE
For use of this form, see AR 37-105; the proponent	t agency is USAFAC	
TO:	FROM:	
Under the provisions of the Lump Sum payment Act, 21 December 1944, the following statement is furnished for submission with your Federal and State Income Tax returns		
for calendar year 19		
Name and Social Security Number of Employee		
refunded during calendar year 19, the sum of \$, representing		
refund of Lump Sum Annual Leave payment under the provisions of the Lump Sum		
Payment Act of 21 December 1944. The TD IRS Form W-2 (Wage and Tax Statement)		
for calendar year 19 has not been decreased by this amount.		
DUTY STATION	FEDERAL IDENTIFICATION NUM	BER
	STATE IDENTIFICATION NUMBE	R
TVPFR WARE OR ARE TITLE AND TELEPHONE	OLONA TURE	
TYPED NAME, GRADE, TITLE, AND TELEPHONE	SIGNATURE	
COPY FORWARDED TO:		
☐ Internal Revenue Service		
State of		
City or County of		